

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/927,436

FILING DATE

APPLICANT(S)

6/28/09

CLAIMS

	AS FILED		AFTER		AFTER			
	IND.	DEP.	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
1	/							
2	/							
3	/							
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38	/							
39				2				
40				2				
41				2				
42				2				
43				2				
44				2				
45				2				
46				2				
47				2				
48				2				
49								
50								
TOTAL IND.	5			2				
TOTAL DEP.	33			23				
TOTAL CLAIMS	38			25				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS